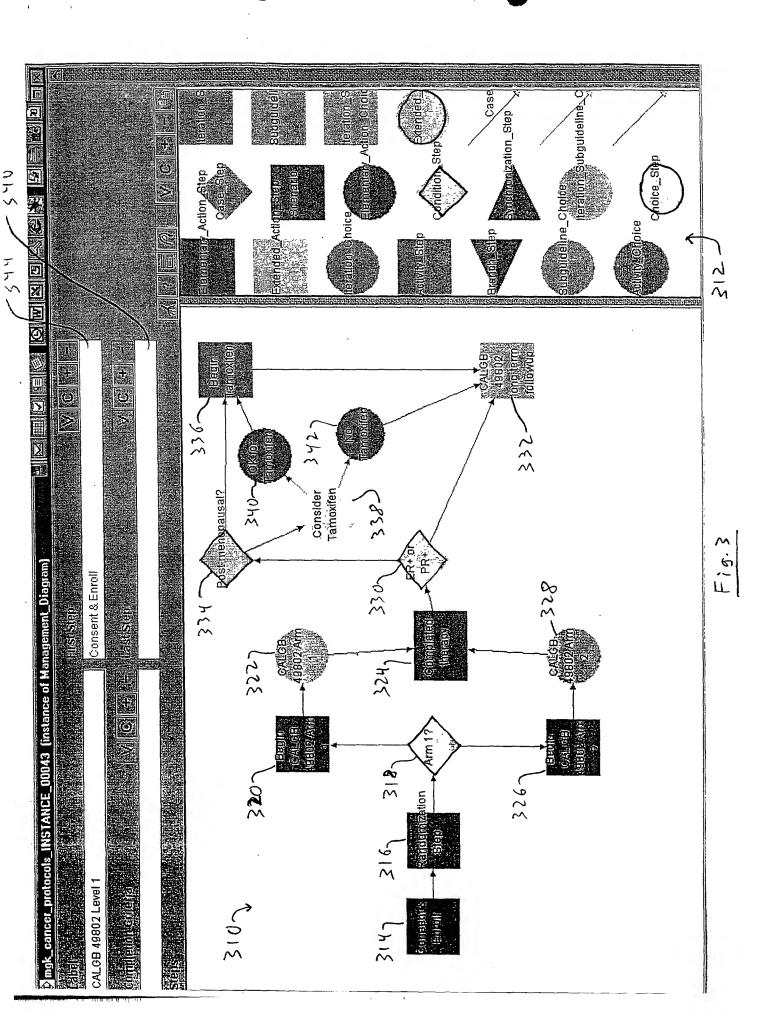


Fig. 1

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CAL GB 49802	ıgk	
Phase III Study of Adriamycin/Taxotere vs Adriamycin/Cytoxan for the Adjuvant Adriamycin/Cytoxan for the Adjuvant Adjuva	A. G. Pullic	
Node Negative Breast Cancer		
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	♠ MUSC PRN web page	
CALGB 49802 Level 1		
CALGB 49802		令 Histologically or cytologically confirmed invasíve breast cancer © 1-3 histologically involved axillary lymph nodes
duis/sizis/simp		A No evidence of metastatic disease (MD)  Absolute neutrophil count at least 1,500/mm3
		(4) Prateier count at least 100,000mm3
( Cutstimilists	chest wall or skin (T4)	Age 18 - 70 Effective contraception required of fertile women
		্ঞ No prior chemotherapy স্কু No prior radiotherapy
	212	No concurrent estrogen therapy     2 10     10

Fig. 2



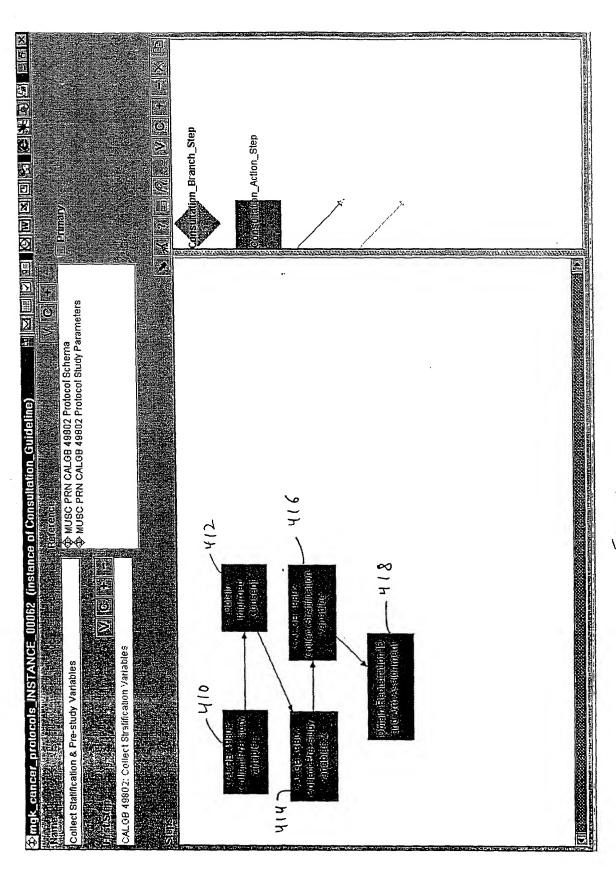


Fig. 4

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CALGB 49802: Collect Stratification Variabil
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Fig. 5

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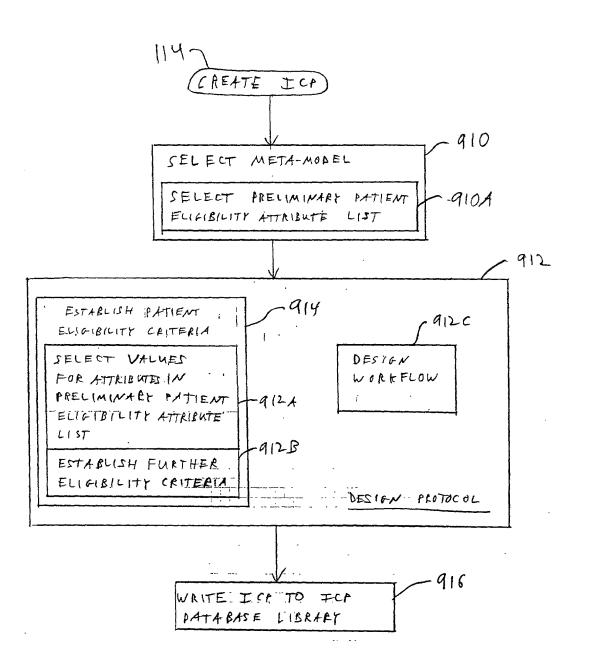


Fig. 9

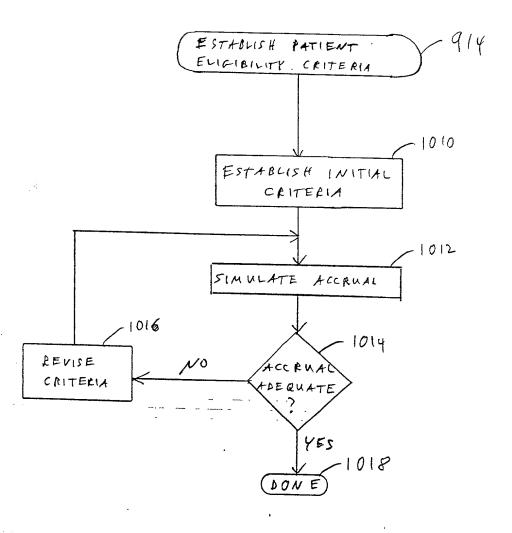


Fig. 10

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Fig. (2

ack Protocol.pprj)	A criterion which determines whether or * A criterion which determines whether or * not a subject is eligible to participate in the study A criterion is either an inclusion criterion that prospective inclusion criterion that prospective subjects must meet to be eligible or an *   C **	classes={EligibilityCriterion} classes={EligibilityCriterion} classes={URI,rdfs.Resource} classes={URI,rdfs.Resource} classes={URI}	33.0
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🕏 FastTrack Protocol_INSTANCE_00074. (instance of EligibilityCriteriaSet)	iaSet)
ShortDescription	LongDescription
CALGB 9840 Eligibility Criteria	
inclusion Gritteria 3.4 The second se	
arcinoma that is inonerable recurrent or n	
More than 4 weeks since last chemotherapy  More than 6 weeks since treatment with nitrosureas, melphalan, q	
(文) More than 4 weeks since last hormonal therapy OR tumor measure (文) Age > =18	
(4) Measurable disease	
♦ Platelet count >= 100,000 / ul	
⊕ Bilirubin within institutional normal limits ⇒ SGOT (AST) ←= 3X timer limits of normal	
Exclusion Criterias Tax Control of the Control	
More than 1 prior chemotherapy regimens for metastatic or locally	
) as	SiebongDescription
↑ The taxaile in adjuvant seming where panent lentance disease in the tentomeningeal carcinoma	
	SiteShortDescription
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	TestTrack Protocol_INSTANCE_00073 (instance of EligibilityCriterion)	X 3
Ţ	ShortDescription Symptomatic	
`	Long Description	
()	Patients with central nervous system metastases are eligible only if the patient has completed cranial irradiation at least 6 months   6 (2 ) prior, is currently asymptomatic, and is not currently receiving corticosteroids for this condition.	
	Skelongbescription	
	SECTION STRUCTURE FOR COMMUNICATION FOR ANNALY CONTRACT C	
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Fig. 16

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TestTrack Protocol_INSTANCE_00014 (instance of Visit)		
	ebssinievisiti ransitions.	
ShortDescription	Arm A Treatment to Arm A Treatment Retry #1	
		0)81
DafaManagementTasks	PatientManagementTasks	
A 18 1	Confirm no G-CSF given in past 24 hours	
	Give Dexamethosone 10 mg IV, 30 minutes	
	Give Cimetidine 300 mg IV, 30 minutes	
:om C-272 (?)	Give anti-emetics (*)	
Submit Form C-113 (*)	Give Arm A Paclitaxel treatment / IS's	7101
	GWe G-USF (*) Evaluate Patient Response	
paus A	Schedule next visit	
<u> Longo Bescriftign</u>		
Arm A of the CALG 9840 consists of treatment with Paciltaxel 175 mg/m2 administr	Paciltaxel 175 mg/m2 administered as a 3 hour infusion intravenously every three	
weeks. One cycle is equivalent to one infusion. Treatment cycles will be repeated every 21 days as long as the patient has stable or	svery 21 days as long as the patient has stable or	
	= 1500/ul and platelet count must be >= 100,000 / ul on day 1 of each cycle. Faterus	
Should receive a minimum of two cycles of inerapy, unless mere is rapid discuss the ments.		
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Fig. 18

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😩 FastTrack Protocol_INSTANCE_00206 (instance o	instance of ManagementTask]	×
Short Description		
Give Arm A Paclitaxel treatment		
Long Description		
Give Paclitaxel 175 mg/m2 IV, 3 hours. This treatment is	Sive Paciltaxel 175 mg/m2 IV, 3 hours. This treatment is given to patients in Arm A of the CALGB 9840 protocol. It is given once every 3 weeks. One exclusion proving the part of the cycle is equivalent to one influsion. Granuclocyte count must be >= 1500/ul and platelet count must be >= 100,000 / ul on day 1 of each cycle.	1 8
In order to proceed with the Paclitaxel infusion. Patients platelet count are not adequate, do not continue with tree progression.	in order to proceed with the Paciltaxel infusion. Patients must receive the pre-medication prior to Paclitaxel infusion. If either the granulocyte or platelet count are not adequate, do not continue with treatment. Patients should receive a minimum of 2 cycles unless there is rapid disease progression.	
Expected toxicities:		
Dose Modfications:		
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🌣 FastTrack Protocol_INSTANCE_00196 (instance of ManagementTask) 🖺 🛅	X
ShortDescription	
Submit Form C-116	
LongDescription	
Submit CALGB Advanced Breast Cancer Followup-form (C-116) every two cycles	188 H
while on protocol therapy, at 6 & 12 months after end of treatment, at disease progression or initiation of non-protocol therapy.	OF FREE PARTY
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Fig. 21

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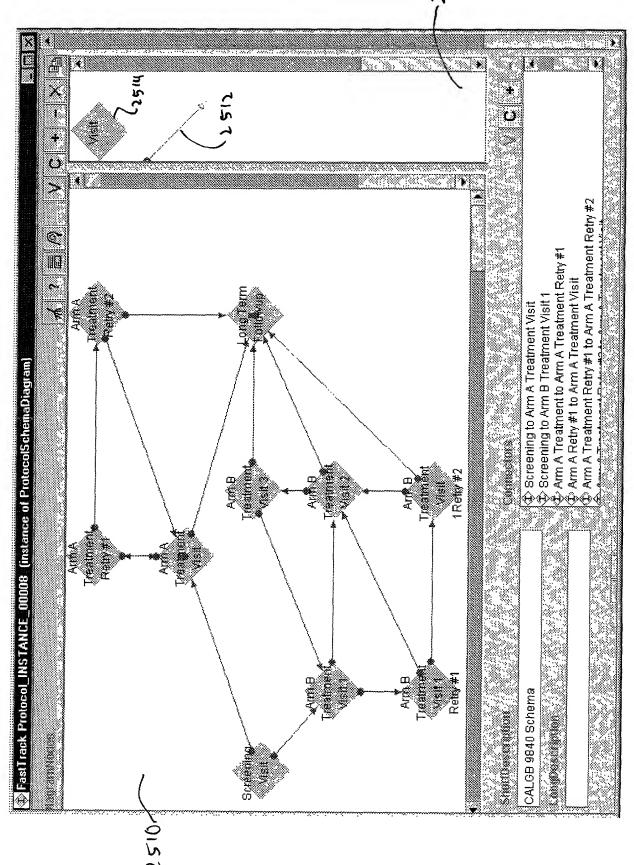
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Fig. 23

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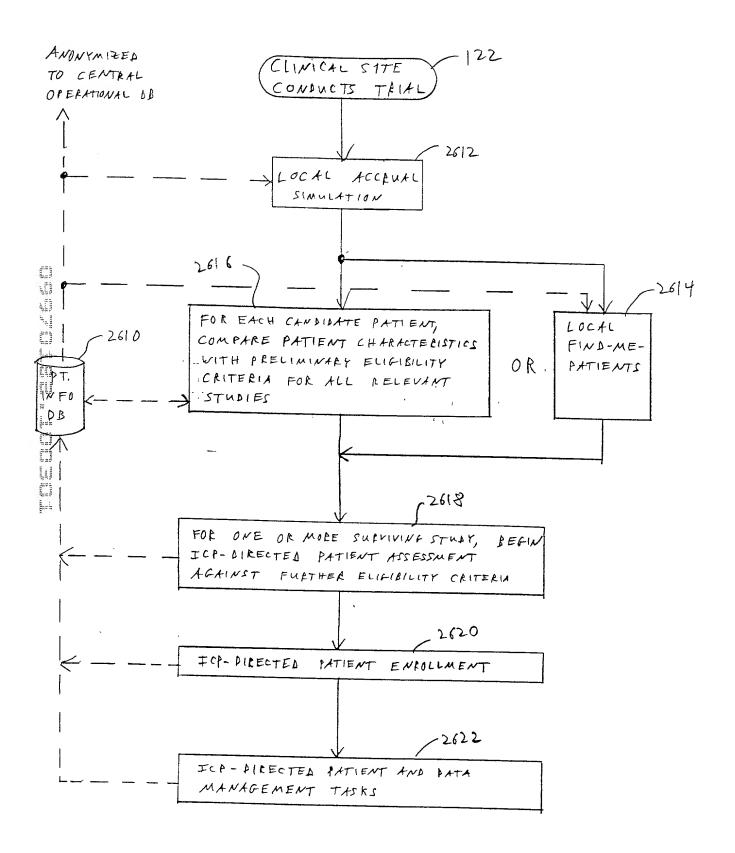


Fig. 26

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Arm A, Day 8	
Follow-up Visit	
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Fig. 24

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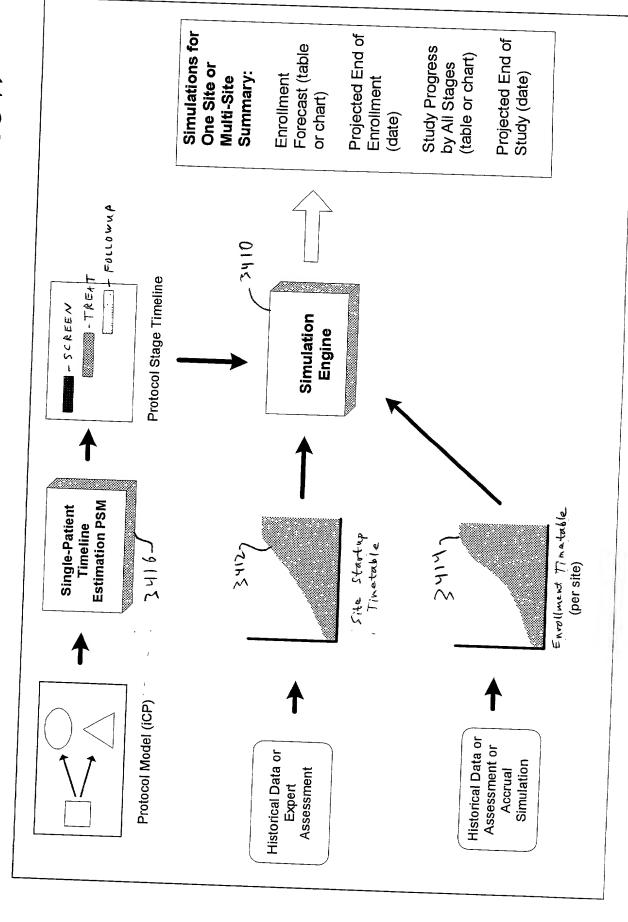
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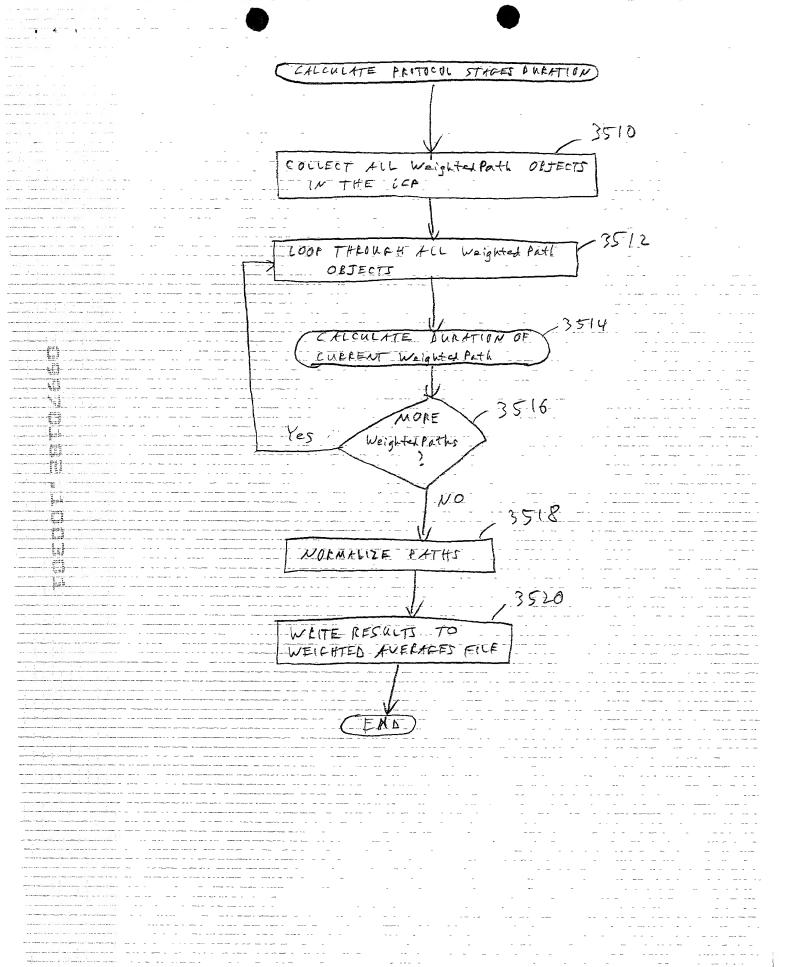
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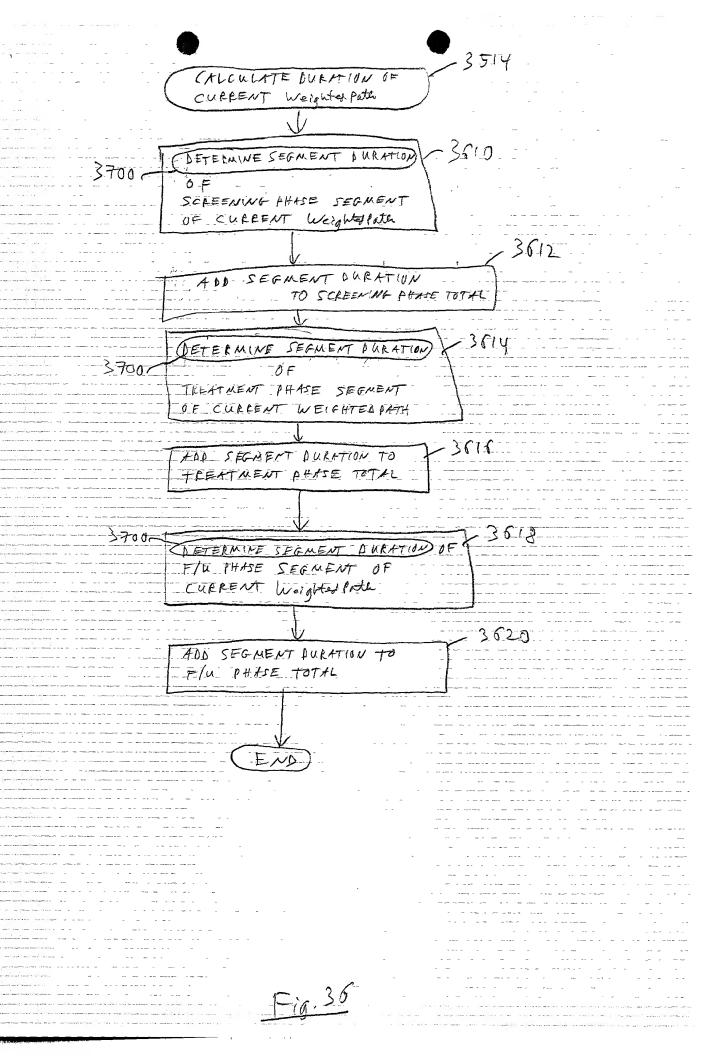
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## Timeline Simulation Process Flow

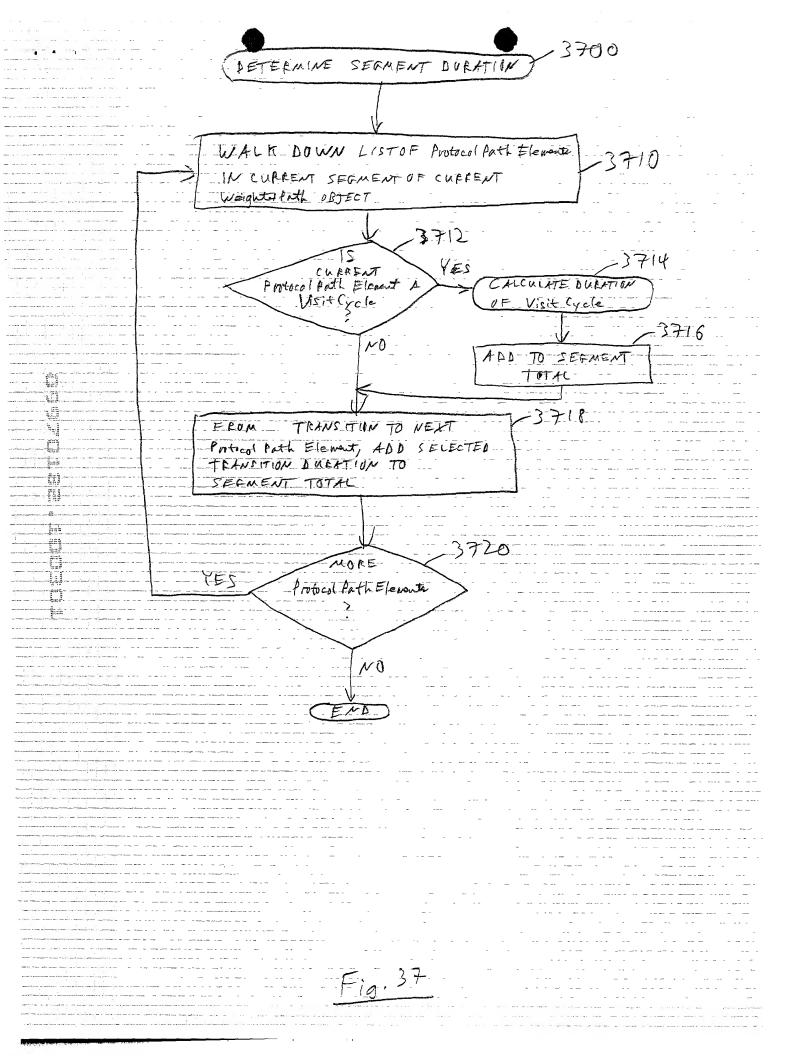


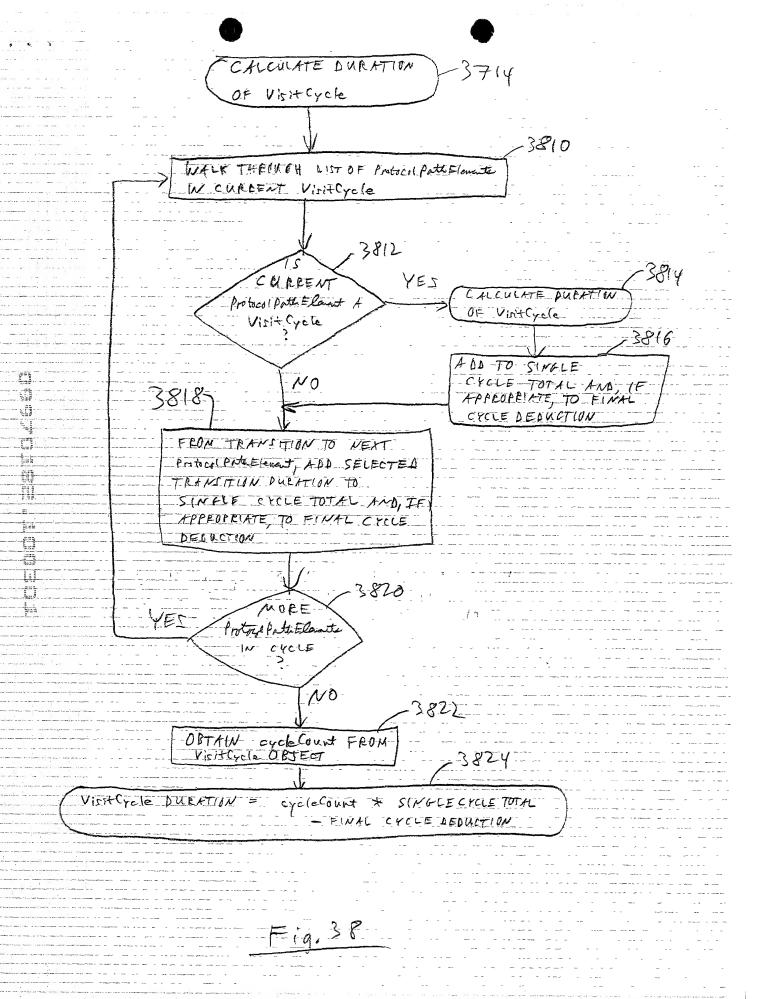


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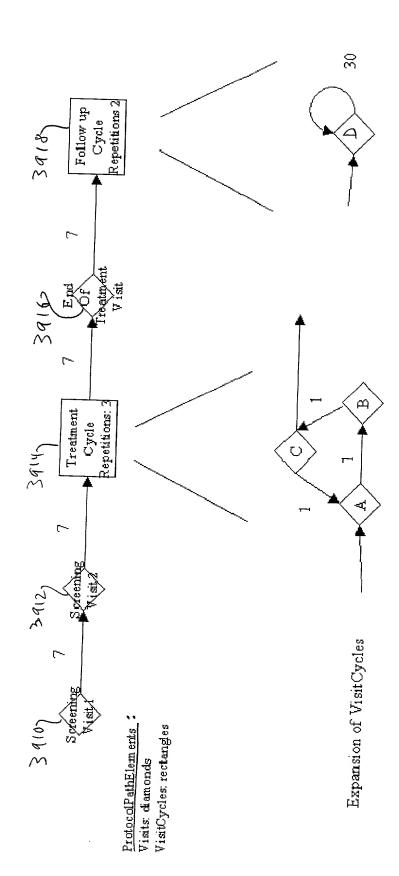


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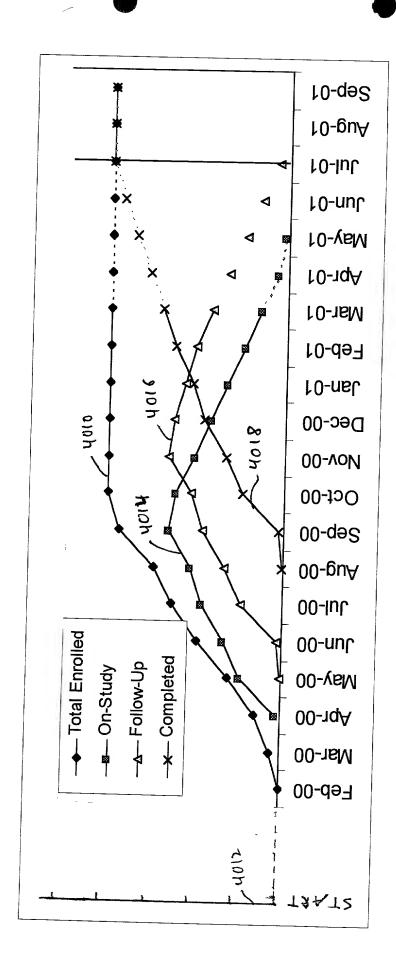
Treatment = 3\*(1+1+1) - 1+7 + 7 = 22Screening duration = 7 + 7 = 14Follow up = 30 Screening phase

treatment phase

Follow up phase



## Forecast Trial Completion



The last patient should complete followup in July 2001

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